

Evaluation, Eligibility, Placement Timeline Extension Request

School System _____ School _____
Student's Name _____ Date _____

Dear _____:

Your child was referred for a comprehensive evaluation in order to determine eligibility and need for special education on _____ (date). We received from you the signed *Informed Parental Consent for Evaluation* on _____ (date). Your child's evaluation, eligibility determination, and placement time frame were proposed to be completed within 40 school days from this date or by _____ (date). Due to extensive procedures required before your child's evaluation can be completed, we are requesting permission to waive the 40 school day evaluation, eligibility determination, and placement time frame as stated at §0520-1-9-.10 of Tennessee's *Rules, Regulations, and Minimum Standards*. Your child's evaluation, eligibility determination, and placement will be completed no later than _____ (date). The following information outlines the evaluation procedures to be completed, the reason for needing extended time to evaluate your child, and the number of additional school days required to complete these procedures.

Evaluation Procedure(s)	Reason for Extended Time	Requested # Additional School Days
Total Number of <u>School Days</u> Requested		

Please sign this form and return it to your child's school. Your signature shall not be construed as consent for placement in any special education program. When the evaluation has been completed, you will be invited to an IEP team meeting in order to discuss the assessment results, determine your child's eligibility for special education services, and if needed, plan an appropriate educational program for your child. If you have any information you would like to share pertaining to your child's evaluation, please forward it to the special education department or bring it to the meeting. As the parent of a child who may be eligible for special education, the *Notice of Procedural Safeguards* brochure is being provided for your information.

I have been informed of the school's request for an extension to the 40 school day timeline in order to complete an initial evaluation; determine eligibility for special education; and, if eligible, determine appropriate placement. I have reviewed the enclosed brochure entitled *Notice of Procedural Safeguards*.

Signature of Parent or Guardian: _____ **Date:** _____
Comments: _____

Note to Supervisor: This form will be returned to the school system without approval if it has not been completed correctly or if it is received after the proposed due date for evaluation, eligibility and placement determination. Fax the completed form to the DOE for review and approval at [(615) 532-9412].

FOR SCHOOL SYSTEM COMPLETION

Referring Assessment Person _____ Position _____
Supervisor/Coordinator's Approval Signature _____
Date Evaluation Timeline Waiver Faxed to DOE _____

FOR SDE USE ONLY

_____ Date Received

_____ Date of Review

STATUS: _____ APPROVED for _____ Additional School Days
_____ NOT APPROVED

New Eligibility/Placement Date _____

Approval Signature – Division of Special Education

_____ Date of Approval